

OCT 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Paris
City Paris (No. _____)

Registration District No. 582
Primary Registration District No. 4344

File No. 34822
Registered No. 44
St. _____ Ward _____

2. FULL NAME

VIRGIA A. PETERS

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 4, 1864
7. AGE YEARS 72 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 10, 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 30, 1935 to Sept 10, 1937

I last saw her alive on Sept 10, 1937. Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
131
Coronary atherosclerosis
Date of onset Don't know

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify M.C. McMurphy M. D.
(Signed) PARIS, MO.
(Address)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) PA. (STATE OR COUNTRY)
13. NAME LIBA KREMER
14. BIRTHPLACE (CITY OR TOWN) PA. (STATE OR COUNTRY)
15. MAIDEN NAME ISABELLE FAIRCHILD
16. BIRTHPLACE (CITY OR TOWN) PA. (STATE OR COUNTRY)
17. INFORMANT Mrs. Pearl Shroeder (ADDRESS) Paris, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE OSWEGO, KANS. DATE 9-12, 1937
19. UNDERTAKER SPEED & BLAKEY (ADDRESS) TATIS, MO.
20. FILED 9-10-37 H. C. Payne Registrar

